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AN INNOVATIVE PSYCHODYNAMICALLY INFLUENCED APPROACH  
TO REDUCE SCHOOL VIOLENCE\*

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\*More detailed information on this approach is available from the senior author by e-mailed request.

Child and adolescent psychiatrists who consult to school systems are likely to be confronted with the problem of violence. Feeling unsafe not only alters the quality of life for children in schools, but also influences their academic performance. Unfortunately, individual treatment of disturbed children does not help schools deal with more far-reaching problems that affect the school climate since many children who influence that climate may not have identifiable illnesses.

This psychodynamic model suggests that in all schools experiencing violence, a covert power dynamic (PD) is present. This PD refers to a conscious or unconscious coercive pattern in which an individual or group controls the thoughts and actions of others. At times, this dynamic may be subtle and unconsciously motivated, but usually the school climate reveals this PD through high levels of disciplinary referrals and poor academic achievement (Twemlow et al., in press; and Twemlow et al., 1996)

In this PD model, a bully is described as a child, teacher, or other staff member of the school, who abusively coerces others repeatedly through humiliation and mockery. Bullying usually involves a stronger, more dominant personality coercing a weaker, more submissive personality in what is rarely significant physical injury. Instead, the major injury is emotional humiliation. The victim of this power dynamic is a child, or any other school member, who feels dominated or abused by this bullying. The bystanding audience has been shown to be significant in supporting bully-victim relationships. There are a variety of bystanding roles that can be adopted by individual students. We found through our study of more than 10,000 children in an East Coast city that ten to twenty percent of children from third through ninth grades experienced a vicarious thrill when watching others being bullied. Such *bully bystander* children may act as “puppet masters” to set up victims to commit crimes, for which they do not wish to be blamed.

A number of recent school shootings have clearly demonstrated this dynamic. For example, in Pearl, Mississippi, a 16-year-old boy who killed his mother and two students was “coached” by six other boys who were later charged with conspiracy to commit murder. A similar dynamic operated in the shooting at the school dance in Edinboro, Pennsylvania, where a 14-year-old boy shot and killed a teacher and injured several others after a school dance. The “puppet master” bystander turned up to watch the outcome of his plan. *Victim bystanding*, from children who are too frightened to resist the recruiting bully, is usually present but to a lesser degree. *Avoidant bystanding* is often present in school personnel who, often for political reasons, deny the existence of problems in their school.

*Ambivalent bystanders*, being uncommitted to roles which facilitate PDs, have the potential to help others resist the pathological roles. The school consultant can assist counselors and teachers to appeal to children in this less disruptive role, perhaps using the programmatic approach to be described. Our experience has been that if all children learn the language and skills to handle PDs, they will help each other shift out of the pathological roles into more productive relationships. Without a passively supportive bystanding audience, the actors have little motivation to continue reenacting the bully-victim roles. It should be noted that the bully victim and bystander roles are interchangeable, with children adopting a kaleidoscopic array of roles at different times. It is when these roles become fixed that serious violence can be imminent. An example is the tragedy at Columbine High School, Littleton, CO, where available evidence suggests that both student shooters were in fixed enraged retaliatory victim roles for about a year before the incident, after a considerable prior period of bullying back and forth with groups of school athletes (Twemlow, 2000). The deeply regressive, shame-based, severe

narcissistic wounding of the “victims” resulted in a loss of reality testing and insight that led to homicide (retaliation/vengeance), followed by suicide (submission/despair) of these “victims.”

The clinical assessment of individual children, even in preschool settings, should include questions about the degree to which the child has been victimized by peers and others in the school setting. In general, bullying begins in the preschool setting but peaks in the sixth, seventh, and eighth grades, with more physical contact by boys and more verbal abuse and ostracizing by girls (Twemlow, 2000).

In high school settings, a coercive PD may be maintained by social groups who can dominate the atmosphere, leaving others feeling helpless and frustrated. In addition to direct questioning about bullying and victimization, we have found it helpful to ask children about their social experiences at school and what bully-victim-bystander roles they have observed. Sets of questions suitable for each school level may illuminate these dynamics. These questions can also be used by the consulting psychiatrist as catalysts for discussion with teachers and students:

### **Preschool/Elementary**

- What makes girls/boys popular at your school?
- What is your reaction to seeing a fight? Do you like it or are you so frightened that you can't do anything?
- Do you see certain other children frequently picked on and left out? What happens to them? What can a student do about it? Have you ever done something?
- What individuals or groups bully kids?
- Who is the scariest kid at your school? Why?
- How does your school tell you how to handle bullies?

- If a kid looks strange or is very quiet, do other students at your school reach out to them or is that student teased and excluded?
- Do you ever not want to go to school because you know you're going to get picked on?

### **Middle/High School**

In middle and high schools, there may be a hierarchy of social groups (jocks, punks, preppies, etc.) contributing to the climate of PDs. Any group can foster coercive PDs. The school consultant can help by discussing how groups interact with staff and students. For example, in virtually all high schools, athletic trophies and awards are more prominent than debate and other awards for intellectual endeavors. How does this imbalance reflect in school climate and affect students?

- Which groups or cliques can you clearly identify in your school? Is one group dominant?
- Are there racial/ethnic groups who control the school?
- Are there any gangs in your school? (More detailed questions in Scott, 1994.)
- Do young people plan fights during the day and talk about who will win and when or where they will fight?
- Do teachers appear intimidated at your school?
- Are there teachers or counselors you can speak to about these problems?
- What is security like at your school?
- Have you ever reported a student being bullied? What happened?
- What does your school tell you about how to handle bullying or what to do if you hear someone threatening to kill somebody?

What then can a consultant do when contacted by a school?; helping staff rebalance PDs can facilitate a safer culture, with improvements in academic achievement as well as reductions in violent incidents in the school (Twemlow et al., in press; Twemlow et al., 1999):

1. Consultation with school staff to promote awareness of the PD is the first and most difficult aspect of the consultation. This must be done in a way that does not bully staff. Sometimes the effects of bullying are so dramatic and damaging (e.g., lethal violence), that the psychiatrist will naturally have to deal with anger and despair as staff struggle with the fear that they won't be able to cope with or change the situation. We've found consultation on a twice-monthly basis to be most effective for training. This relatively intensive format allows the psychiatrist to work with various staff members, especially school counselors and social workers, about improving PDs.
2. Helping teachers develop a non-coercive discipline plan alters the school climate. The typical school discipline plan uses consequence-based punishment. A system of discipline emphasizing reward for appropriate behaviors, with the development of insight into the bully, victim and bystander roles, is more effective. For example, the classroom teacher identifies infractions as involving the whole class in various roles; bully (e.g., throwing spitballs at the teacher), victim (teacher), bystanders (the rest of the class laughing). This approach minimizes blame and maximizes insight. A period of reflection at the end of the school day allows the whole class to profit from discussion of the day's problems.
3. Once the core school staff are cognizant of the philosophy of PDs the school counselor and social worker can be worked with on a monthly basis to develop a school-wide program of zero tolerance for bully-victim-bystanding behavior. Many available zero

tolerance programs provide a classroom curriculum (Blueprint System 2000).

Individualized creative approaches can be developed by enthusiastic teachers, and facilitated by supportive school counselors and psychiatric consultants. Posters to deal with bully, victim, and bystander may be appropriate, and the school staff can be empowered by the consultant to give talks to children and to parent teacher organizations to raise their level of awareness.

4. Using peer mentors and adult volunteers in schools is an established method to assist children's development (Sprinthall et al., 1992). Such mentors can assist children in solving conflicts outside of class, during recess, and before and after school. The consultant can assist the school staff in adapting peer mentor and adult mentor programs to include awareness of coercive PDs and to develop a common language to intervene in bully-victim-bystander behaviors.
5. Physical Education programs have been developed that allow role-playing and discussion with specific techniques for dealing with bullying. Our work has shown that such classes, sometimes using defensive martial arts, are very appealing to elementary school children because of a focus on physical action and an appeal to the media heroes of young children. Such approaches are also useful for behaviorally disturbed children and those with learning disabilities, through less emphasis on verbal skills and more emphasis on learning through action. As children grow, competitive sports may help them to recognize the built-in power dynamics of organized physical sports, e.g., hockey, contact football, and basketball (Bell and Suggs, 1998). Game theory principles can help the school consultant work with coaches to raise their level of awareness of bully-victim-bystander dynamics. Discussion will usually show that win-win dynamics

preserve the dignity and value of the loser, as opposed to a win-lose situation, where the loser is humiliated and often vengeful. The goal of the teaching is to soften the power dynamics and return the school to a peaceful climate with less humiliation and sadism.

School violence is a symptom of a larger community problem, whose solution requires close collaboration between schoolteachers, parents, law enforcement, and mental health services. The school consultant has a unique opportunity to take a leadership role in coordinating this critically important task.



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